MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09836

9828

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) Adult life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Water St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) J. (Last) Archbell

4. DATE OF DEATH (Month) Oct. (Day) 23, (Year) 1955

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Jan. 16, 1865

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Chester Roberts

14. MOTHER'S MAIDEN NAME: Annie Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Wm. S. Collins Water St. Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4 IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Senility

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1950 to 10-23, 1955, that I last saw the deceased alive on 10-22, 1955, and that death occurred at 3: A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Chestertown, Md. DATE SIGNED 10/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 24 1955 — NAME OF CEMETERY OR CREMATORY Chester Cemetery — LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 24-1955 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09837

9829

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown. 37
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's. 72

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) 120 Cannon St. 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FANNIE KENNARD BENJAMIN

4. DATE OF DEATH: (Month) (Day) (Year) Oct 9 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT 6, 1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KENT, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ALONZO KENNARD.

14. MOTHER'S MAIDEN NAME: CATHERINE BOONE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NO

17. INFORMANT & ADDRESS: John E. Benjamin, Chestertown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Metastatic Carcinoma of — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (B) DUE TO Liver.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Primary Carcinoma of Breast — 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9.28.55.

19B. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of Liver

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.25, 1955, to 10.9, 1955, that I last saw the deceased alive on 10.9, 1955, and that death occurred at 10:30 A M, from the causes and on the date stated above.

SIGNATURE Carlton J. Lee, Jr. M.D. ADDRESS Chestertown Md. DATE SIGNED 10.9.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/11/55 | NAME OF CEMETERY OR CREMATORY Chester Cemetery | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 10-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09838

9836

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Galena

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MD. COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Galena

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A. (Last) Campbell

4. DATE OF DEATH (Month) OCT 2 (Day) 30, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Dec. 16, 1883	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer retired	Own farm	Md.	USA

13. FATHER'S NAME: Amiore Campbell

14. MOTHER'S MAIDEN NAME: Mary Ireland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218 05 8219

17. INFORMANT & ADDRESS: Elsie Campbell Galena Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma of hepatic flexure of colon	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 55, to Dec, 19 55, that I last saw the deceased alive on Dec 30, 19 55, and that death occurred at 12 a.m., from the causes and on the date stated above.

SIGNATURE: Wallace Obenchain M.D. — ADDRESS (Street, city, town, state): Cecilton, Md — DATE SIGNED: Oct 31 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 2. 55	Galena Cemetery.	Galena Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/31/55	Elizabeth J. Mulford	Edward Pellow Millington Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09839

9830 CERTIFICATE OF DEATH Reg. Dist. No. 2.02

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anns
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Church Hill
STREET ADDRESS (If rural give location) South East Farm 17X-7

3. NAME OF DECEASED: (Type or Print) [illegible] Harvey Morton Coale
4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-4-'82	72 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Executive	Automotive industry	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Harvey Coale
14. MOTHER'S MAIDEN NAME: Laura Calmary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.5
IMMEDIATE CAUSE (A) Massive coronary occlusion — 20 min
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of cecum — 8 months

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-13-55	Intestinal obstruction	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1952, to 10-31, 1955, that I last saw the deceased alive on 10-30, 1955, and that death occurred at 3:05 A M, from the causes and on the date stated above.

SIGNATURE [illegible] ADDRESS M. D. Chestertown, Md. DATE SIGNED 10-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 2-1955	Old St Pauls	Fairlee Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 1-1955	Clara L. Barnes	Barton Bros	Centreville Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9837

CERTIFICATE OF DEATH

09840

Reg. Dist. No. 223

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Rock Hall

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Hall

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Piney Neck-Rock Hall X

STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last): Maurice P. Edwards

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31/55 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	March 3, 1885	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
inspector(retired)	Tidewater Fisheries	Rock Hall, Md	U.S.A.

13. FATHER'S NAME: James Edwards

14. MOTHER'S MAIDEN NAME: Sarah Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	215-20-0439	Mrs. Maurice P. Edwards-Rock Ha

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A): Coronary Embolism

ANTECEDENT CAUSE(S) DUE TO (B): Hypertension Cardeo Vascular

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct 20, 19 55, to Oct 31, 19 55, that I last saw the deceased alive on Oct 25, 19 55, and that death occurred at 11 30 A.M., from the causes and on the date stated above.

SIGNATURE: Norbert C. Kitsch M.D.

ADDRESS (Street, city, town, state): Rock Hall Maryland

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1955	Wesley Chapel Cemetery	Rock Hall, Maryland

24. REC'D BY REGISTRAR DATE Nov 1	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Elwood Burgess	Marvin V. Williams	Chestertown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9831

CERTIFICATE OF DEATH

09841

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Butlertown X
STREET ADDRESS (If rural give location) Worton R. D. 1

3. NAME OF DECEASED. (Type or Print) (First) Calvin (Middle) (Last) Truman

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: March 24, 1953

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rehobeth Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rayfield Truman.

14. MOTHER'S MAIDEN NAME. Ester Hyman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT & ADDRESS: Mr. Rayfield Truman Worton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0 IMMEDIATE CAUSE (A) DUE TO Infantile diarrhea — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1955, to Oct 1, 1955, that I last saw the deceased alive on Oct. 1, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Willard F. Smith M. D. ADDRESS Rock Hall DATE SIGNED 10/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 3 1955

NAME OF CEMETERY OR CREMATORY Bullitin Cemetery

LOCATION (City, town, or county) (State) Bullitin - near Worton Md.

DATE REC'D BY LOCAL REGISTRAR Oct 3 1955

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Marvin V. Williams

ADDRESS Chestertown Md

VS. A15—10-53

20352220006

MARYLAND 9832

09842

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2 C 2

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown (Rural) X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Earle (Last) Nicholson

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 18, 1881

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture Owner

11. BIRTHPLACE (State or foreign country): Chestertown Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Nicholson

14. MOTHER'S MAIDEN NAME: Sara Lusby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410 X Immediate cause (a). Myocardial failure, probably of old rheumatic fever origin — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b). Myocarditis, mitral stenosis, auricular fibrillation — Many years

(c). Arteriosclerosis & small cerebral thromboses — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture right femur — 14 days

19a. DATE OF OPERATION: 10-5-55

19b. MAJOR FINDINGS OF OPERATION: Fracture upper 1/3 rt femur

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -

(CITY OR TOWN) -

(COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 9-3-54, to 10-18-55, that I last saw the deceased alive on 10-18-55, and that death occurred at 9:20 A'm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Chestertown, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/20/55 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cem. — LOCATION (City, town, or county) (State): Kent Co. Maryland

DATE REC'D BY LOCAL REG. 10-19-1955 — REGISTRAR'S SIGNATURE: Clara E. Barnes

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 Hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9338

CERTIFICATE OF DEATH

09843

Reg. Dist. No. 201

1. PLACE OF DEATH

COUNTY: KENT — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X RURAL WORTON

LENGTH OF STAY (in this place): LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MARYLAND COUNTY: KENT

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL WORTON

STREET ADDRESS (If rural give location): — X/

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) FLETCHER (Last) OAKLEY

4. DATE OF DEATH: (Month) OCT. (Day) 28, (Year) 19 55.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	C	MARRIED	JAN. 1, 1889	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	FARMING	MARYLAND	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEWIS OAKLEY	ANNA BECKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	UNKNOWN	GERTRUDE OAKLEY WORTON, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) hypertension — years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 19 55, to Oct 28, 19 55, that I last saw the deceased alive on Oct 28, 19 55, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE: Florence Deming Joyce M.D. ADDRESS (Street, city, town, state): Worton, Md DATE SIGNED: 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	OCT. 31, 1955	MT. OLIVET CEMTY	WORTON, MD.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 10/29/55	E. Kennard Jones	A. R. Fillows	STILL POND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09844

9833 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MILLINGTON X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) (Last) ROBINSON

4. DATE OF DEATH: (Month) OCT (Day) 14 (Year) 1955

5. SEX: F 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED 8. DATE OF BIRTH: JUL 2, 1900 9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM JARMAN 14. MOTHER'S MAIDEN NAME: MARY THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: HOSPITAL CHART

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X IMMEDIATE CAUSE (A) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) HYPERTENSION DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CPI CHOLECYSTO-DUODENAL FISTULA; EXPL. GASTROTOMY.

19A. DATE OF OPERATION 10, 10 55. 19B. MAJOR FINDINGS OF OPERATION CHRONIC CHOLECYSTITIS CHOLECYSTODUODENAL FISTULA with Bleeding. 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.1.55, 19 , to 10.14., 1955, that I last saw the deceased alive on 10.14., 1955, and that death occurred at 7A M, from the causes and on the date stated above.

SIGNATURE Curtis L. Benson M. D. ADDRESS CHESTERTOWN, Md. DATE SIGNED 10.14.55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Oct. 17 1955 NAME OF CEMETERY OR CREMATORY Millington Cem. LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 18-1955 REGISTRAR'S SIGNATURE Clara L. Barnes. 24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

MARYLAND 9834

09845
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 37 Chestertown | LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 329 High st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ken
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural, give location) 329 High St.

3. NAME OF DECEASED (Type or Print): (First) Arlington (Middle) Lee (Last) Sparks.

4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 16 1874

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Crumpton Queen Anne's Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emmitt Sparks.

14. MOTHER'S MAIDEN NAME: Agusta I ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ??

17. INFORMANT AND ADDRESS: Mr. Irving Sparks (Son) 1703 E. 31st St Balto. 18 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Probably Coronary Thrombosis	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary insufficiency	don't know
	(c) Coronary Arterio-sclerosis	don't know

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 1955, to 10/21, 1955 that I last saw the deceased alive on 10/21, 1955, and that death occurred at 3:40 A.m. from the causes and on the date stated above.

SIGNATURE Robert W. Farr, M. D. (Degree or title) ADDRESS Chestertown, Md. DATE SIGNED 10/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 24. 1955 | NAME OF CEMETERY OR CREMATORY: Chester Cemetery | LOCATION (City, town, or county) (State): Chestertown Md.

DATE REC'D BY LOCAL REG. Oct. 24 1955 | REGISTRAR'S SIGNATURE: Dana L. Barnes. | 24. FUNERAL DIRECTOR: Mann V. Wilkins | ADDRESS: Chester Md.

09846

MARYLAND — **STATE DEPARTMETT OF HEALTH**

9839

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton; LENGTH OF STAY (in this place): life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Worton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton; STREET ADDRESS (If rural, give location): Worton

3. NAME OF DECEASED (Type or Print): (First) W (Middle) SUTTON (Last) TARBUTTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6 /55 19

5. SEX: male

6. COLOR OR RACE: whtte

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec.8,1872

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Quaker Neck, Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: (Late) Wm. J. Tarbutton

14. MOTHER'S MAIDEN NAME: (Late) Amanda Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Ida C. Loller, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 1½ hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial hypertension — 10 yrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1955, to 10-6, 1955, that I last saw the deceased alive on 7-5, 1955, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE: Ali Sick (Degree or title) M.D. ADDRESS: Chestertown, Maryland DATE SIGNED: 10-7-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 9/55 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Oct. 9-1955 — REGISTRAR'S SIGNATURE: Clara A. Barnes

24. FUNERAL DIRECTOR — ADDRESS: Marvin V. Williams, Chestertown, Md.

Marvin V. Williams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09847202

9835 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Det~~ Chestertown
STREET ADDRESS (If rural give location) Broad Neck Box 305

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) S. (Last) Unruh.

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: Aug 16 1895

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming - Owner

11. BIRTHPLACE (State or foreign country): Phila, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Unruh

14. MOTHER'S MAIDEN NAME: Mary Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Don't Know

17. INFORMANT & ADDRESS: Dora E. Unruh (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X
IMMEDIATE CAUSE (A) Renal Failure — 5 Days
ANTECEDENT CAUSE (B) DUE TO Pylo-Nephritis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO CA of Rectum & Bladder Invasion & Infection 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6/23/53
19B. MAJOR FINDINGS OF OPERATION (2) Left Hydro Pyonephrosis (1) Extensive Ca of Rectum & Bladder involvement
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1955, to 10/2, 1955, that I last saw the deceased alive on 10/2, 1955, and that death occurred at 11:50 PM, from the causes and on the date stated above.
SIGNATURE Thomas J. Solow M. D. ADDRESS 226 Washington Ave. Chestertown, Md. DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/5/1955
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 4-1955
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells
ADDRESS - Chestertown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53